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|--|-------|---|-----------------|-----------------|------------|--|--|-----------|---|--|----------|
| APPLICATION FOR TRUE COPY OF CERTIFICATE OF DEATH | | Metropolitan Health Department for Nashville Davidson County | | | | | | | | | |
| DATE: _____ | | Vital Records Section 311 23rd Avenue, North Nashville, Tennessee 37203 PHONE: 615-340-5612 FAX: 615-340-2197 | | | | | | | | | |
| Request for permit for Cremation _____ at \$25.00 each Amount Enclosed: \$ _____ | | | | | | | | | | | |
| Number of Copies Requested _____ at \$7.00 each Amount Enclosed: \$ _____ Total: _____ | | | | | | | | | | | |
| Name of Deceased First Middle Last | | | | | | | | | | | |
| Date of Death | Month | Day | Year | Age | Race | Sex | Certificates are available in this office only for Deaths which have occurred since January 1, 1966 | | | | |
| Place of Death | City | | County | | | State | | | With cause of death shown ? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Name of Hospital | | | | | | Name of Physician | | | | | |
| Name of Funeral Home | | | | | | | | | | | |
| Signature | | | Address | | No./Street | | City | | State | | Zip Code |
| Relationship to Deceased | | | Purpose of Copy | | | For Office Use Only <input type="checkbox"/> PICKED UP: _____ <input type="checkbox"/> MAILED: _____ | | | | | |
| PRINT name and address of person to whom the true copy is to be mailed if different from above address. | | | | | | | | | | | |
| Name | | | | | | | | | | | |
| Address | | | No./ Street | | | City | | | State | | Zip Code |
| Charge to my: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD - - - | | | | | | | | | | | |
| Account Number | | | | Expiration Date | | | | Signature | | | |